COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management

&

Enterprise Service Management Project

BSAS

Family Residential & Sober Living

Disenrollment Assessment Manual

Children

For Family Residential & Sober Living

Disenrollment Assessment Form - Children – Version 3

2016

Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

Why Do We Collect this Data and Why is Accuracy Important?

At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
  - The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  - TEDS is the ONLY national client-level database on substance abuse treatment
    - ➡ The data is used by federal policymakers, researchers, and many others
  - It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  - It includes information on all clients admitted to programs that receive public funds

- ❖ Performance Management
  - Level of Care Management meeting process
  - Development of provider feedback reports
    - ➡ Business Decision Support
    - ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

Goals and Objectives

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as "public records".

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health's Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidently view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

Why is the collection of identifying information so important?

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client's enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

Only the enrolling agency can see that the client is enrolled in a BSAS Program.

Tips

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

Interview Assumptions

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews**. Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.

2. **Many of the interview items are designed as prompts.**
   A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown' or "refused".

FAMILY RESIDENTIAL & SOBER LIVING DISENROLLMENT ASSESSMENT CHILDREN

All questions marked with a ▶ are required and must be completed.

▶ ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake and Assessment forms *after the data is entered* into EIM-ESM system. This is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing as the Bureau does not have access to the name.

Provider ID

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

▶ Disenrollment Date

Enter the date that the client was disenrolled/discharged from the program. Enter the date using the MM/DD/YYYY format, for example: 06/01/2007.

- The Disenrollment Date is the last day the client received face-to-face service (session).
- It is not the date the record was closed (unless of course it is closed on the same day.)

▶ Disenrollment Reason

Check only one box. Select form the following choices:

- **Parent Completed:** Client met <u>treatment plan</u> goals and objectives. This could be a contracted number of sessions. Treatment plan goals and objectives could change over the course of the treatment episode.
- **Parent Dropped Out:** Clients are dropouts if they leave before the treatment plan on contract is completed and have not spoken to their clinician about their leaving (see ACA below).
- **Parent Relapsed:** Use of alcohol and/or illicit drugs while in the program.
- **Parent Administrative/non-compliance:** Active violation of program policies or rules (other than for use of alcohol or drugs, see "relapse").
- **Parent Incarcerated:** A client who is discharged because he/she enters a prison, jail, or correctional facility.

- **Family Transferred to other substance abuse program:** Client is moved to another program of the same Level of Care.

- **Parent Left Against Counselor's Advice (ACA):** This is when a resident agrees to meet with a clinician to discuss his/her need to leave the program rather than just dropping out, but despite the clinical intervention, the resident leaves anyway.

- **Parent Hospitalized, Medical:** Client's medical condition is such that he/she requires hospitalization.

- **Parent Hospitalized, Mental Health:** Client's mental health condition is such that he/she requires psychiatric hospitalization.

- **Parent Inappropriate:** Client requires a more intensive Level of Care.

- **Parent Deceased:** Client passed away while receiving treatment at your program.

- **DCF or Guardian Removed Child:** DCF or another guardian removes the child from the program.

First Name/Middle Initial/Last Name/Suffix

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

►1. Client Code

Repeat the Client Code as entered on the Enrollment Assessment. It is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If non, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name.* Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

▶2. Intake/Clinician Initials

Enter the initials of the clinician who conducted the Assessment interview.

▶3. Client's Type

Always check: Collateral ☒

▶4. Disenrollment / Discharge Plan

Check one box. Select either 'Yes' or 'No'.

Was a discharge plan created for the child?

▶5a. Referred to Self Help

Always check: **02** - No ☒.

▶5b. Frequency of Attendance at Self-help Programs

Always code **99 –** Unknown

▶6. Client Referrals at Disenrollment

You must pick at least one referral for the client (**Referral #1**). Also indicate if you made additional referrals (**Referral #s 2 & 3**) to other types of programs/services.

Please pay close attention to the code numbers as series of numbers have been discontinued, some choices edited and *New* choices added.

The choices are:

- **00** ***Change*** Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment.
- **95** ***New*** Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place.
- **96** ***Change*** Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place
- **97** Referral Not Made – Client Dropped Out
- **98** Referral Attempted – Not Wanted by Client
- **01** Self, Family, Non-medical Professional
- **02** BMC Central Intake – Room 5
- **03** ATS – Detox
- **04** TSS – Transitional Support Services
- **05** CSS/CMID – Clinical Stabilization Services
- **06** Residential Treatment *Substance Abuse Residential such as Halfway House, Therapeutic Community, Family Residential Program*

07 Outpatient Substance Abuse Counseling
08 Opioid Treatment *Includes Methadone Treatment, Office-based Suboxone Treatment*
09 Drunk Driving Program *Includes First Offender Driving Alcohol Education and Second Offender (2-week Residential DUIL) Programs*
10 Acupuncture
11 Gambling Program
12 & 13 Discontinued
14 Sober House *Living situation, no treatment within House*
15 Discontinued
16 ***New*** Recovery Support Centers
17 Second Offender Aftercare *Outpatient (follows 2 week DUIL Residential Program)*
18 Family Intervention Program *Programs designed to work with family members/concerned others to engage substance abuser to enter treatment*
19 Other Substance Abuse Treatment
20 ***Change*** Health Care Professional, Hospital
21 Emergency Room
22 HIV/AIDS Programs
23 Needle Exchange Program
24 – 25 Discontinued
26 ***New*** Mental Health Professional
27 – 29 Discontinued
30 School Personnel, School System, College
31 ***New*** Recovery High School
32 – 39 Discontinued
40 Supervisor/Employee Counselor
41 – 49 Discontinued
50 Shelter
51 Community or Religious Organization
52 – 58 Discontinued
59 Drug Court
60 - 63 Discontinued
64 Prerelease, Legal Aid, Police
65 – 67 Discontinued
68 Office of the Commissioner of Probation
69 Massachusetts Parole Board
70 Department of Youth Services
71 Department of Children and Families (formerly Department of Social Services)
72 Department of Mental Health
73 Department of Developmental Services (formerly Department of Mental Retardation
74 Department of Public Health
75 Department of Transitional Assistance
76 Department of Early Education and Care
77 Massachusetts Rehabilitation Commission
78 Massachusetts Commission for the Blind
79 Massachusetts Commission for the Deaf and Hard of Hearing
80 Other State Agency

81 Division of Medical Assistance/MassHealth
99 Unknown

- Note there are three categories of **Referral Not Needed**
  - **00** – ***Change*** -Assessment indicates that client does not require to enter formal treatment.
  - **95** – ***New*** – Appropriate Mental Health clinical services already in place (i.e., clinician did not make the referral).
  - **96** – ***Change*** - Appropriate Substance Abuse clinical services already in place (i.e., clinician did not make the referral).

- Also pay attention to the difference between Referral Not Made and Referral Attempted
  - **97 – Referral Not Made –** Client dropped out of treatment before a referrals was in place.
  - **98 –** Referral Attempted – Client refused clinician's attempt to make a referral.

What determines your making a referral:

- Action steps taken by you the Clinician on behalf of the client that resulted in an active referral (e.g. appointment is in place).
- Simply providing the client with information of services available (e.g. handing a brochure to the client) does not qualify as a referral.

▶7. Employment Status at Disenrollment

This item is a National Outcome Measure; reporting is required by SAMHSA.
Always code as: **9** - Not in labor Force-Other

▶8. Number of days worked

Always code as: **0 (zero)**

▶9. Number of Arrests

This is a National Outcome Measure, reporting is required by SAMHSA
Enter the number of arrests in the past **30 days or since Enrollment** if in treatment less than 30 days.

- **A Section 35 is not an arrest.**
- If unknown, use 99.